

Compounding Supervisor Notification Form For Hospital Pharmacies

Complete this form to add or remove compounding supervisors, both internal and external, and to identify the compounding method they supervise.

A compounding supervisor is a Part A pharmacist or Part A pharmacy technician who develops, organizes and oversees all activities related to compounding, as assigned by the pharmacy manager or pharmacy department head.

Hospital Information

A	Owner/Corporation Name:		
	Hospital/Site Name:		Accreditation Number:
	STREET ADDRESS	CITY	POSTAL CODE

Compounding Supervisor(s)

	Supervisor's Name	OCP Number	Compounding Supervisor of:			Effective Date DD-MMM-YYYY
			Non-Sterile (Level A, B, C)	Sterile Non-Hazardous	Sterile Hazardous	
B	1)		<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
	2)		<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
	3)		<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
	4)		<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
	5)		<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
	6)		<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
	7)		<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
	8)		<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	

Authorization

C	I hereby authorize the addition and/or removal of the compounding supervisor(s) listed above.			
	Print Name	OCP Number (if applicable)	Role	Signature/Date

Submit completed form by email to pharmacyapplications@ocpinfo.com, or fax to 416-847-8399, or mail to the attention of Pharmacy Applications & Renewals at 483 Huron St, Toronto, ON M5R 2R4